



Course Information Form For Approved Real Estate Courses

This form must be submitted to the Commission office **7 days PRIOR** to the beginning of any course.

Name of School or Course Sponsor _____

School Mailing Address _____

City _____ State _____ Zip _____

Administrator's Telephone No.(s) _____ Fax _____

Administrator's E-mail _____

CHECK ONE ☐ 60 Hour Prelicense ☐ 15 Hour Prelicense ☐ Sales Post License ☐ *Continuing Education

*Continuing Ed Course Name _____ *Continuing Ed Number of Hours _____

Name of Instructor _____ Social Security No. _____

Instructor's Daytime Telephone No.(s) _____ Fax _____

Instructor's E-mail _____

CLASS MEETING LOCATION

Address (Bldg. Name if applicable) _____

City _____ State _____ Zip _____

COURSE DATES

From: _____ To: _____

Day(s) of Class Meeting ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Time of Class Meeting _____

Signature of School Administrator _____

Date _____